

Please do not hesitate to contact me should you have any questions or concerns, I will wait for further guidance on these matters, thank you!!

(b)(6)

IES LF SHELTER

From: Lloyd, Scott (ACF) <Scott.Lloyd@acf.hhs.gov>
Sent: Monday, October 9, 2017 12:48 PM/17
To: Jessica Martinez
Cc: White, Jonathan (ACF); Brooks, Teresa (ACF); Bowman, Matthew (HHS/OGC); Wagner, Steven (ACF)
Subject: RE: State Court hearing

(b)(6)

Regarding the appointment today:

Make sure that the UAC knows that this is to get an update on whether it is really necessary to have her exercise so severely restricted—to find out if it might be possible to allow her to do more. Please get her to consent to the appointment. If she does not want it, she does not have to go—we arranged it to accommodate her distress over lack of physical activity. This was a concern she voiced to the program and that we noticed in her record. We are trying to be responsive to her concerns with this request.

If they offer her a sonogram at the appointment, please remind the doctor that she has already had two and suggest that it is not necessary, and that it should not happen in any case if she does not give consent.

Regarding your other questions—if she has a counseling session today, please contact me. If not, let's wait for DOJ's response.

Let me know if you have any questions.

Thank you,
Scott

From: (b)(6) [mailto:(b)(6)@iestex.org]
Sent: Monday, October 09, 2017 1:14 PM
To: Lloyd, Scott (ACF)
Cc: White, Jonathan (ACF); Brooks, Teresa (ACF)
Subject: Fw: State Court hearing

Good Morning Mr. Lloyd,

I am writing to request further guidance regarding the following, I realize now I may have missed the opportunity to ask these questions to Mr. Wagner (AUSA) during our debriefing and i apologize for that but the following matters have arise and I am in need of guidance...

- • Since the "Jane Doe Due Process" case has been transferred to federal court, does any portion of the previously issued state court restraining order remain in place?? Such as the stipulations prohibiting care provider from
 - • "Disturbing the peace of the child Petitioner" ...this was explained to us by UAC's attorneys as all care provider staff must refrain from speaking with UAC about her pregnancy, "her baby", or her "decision to terminate" examples provided by attorneys were
 - • No sonograms
 - • No forcing UAC to listen to baby's heart rate
 - • No referring to UAC's baby or seeking discussion or making comments about her gestational period, her pregnancy expectations, her feelings, etc...
 - • No "encouraging" her to discuss or make contact with her parents
 - • No "religion based" counseling regarding
 - • Care provider must refrain from "Making remarks to child petitioner's family that concern petitioner's pregnancy"....
 - • "Discussing any litigation concerning the child Petitioner in the presence or within hearing of the child Petitioner or on any form of social media"
- • UAC has a OB/GYN appointment for basic prenatal care with [redacted] (b)(6) this afternoon at 2:30p.m. (CST), please note that OB [redacted] (b)(6) is not aware UAC has requested to terminate pregnancy [redacted] (b)(6) is not aware of current litigation regarding the case of this minor, is care provider to discuss these matters directly with [redacted] (b)(6) ?? Should the child be informed that care provider will discuss her request to terminate and current litigation with OB?
- • If UAC attends this prenatal care appointment, is the doctor to proceed with sonogram ???
- • Is child allowed to contact parents?? Her parents are named in the suit as "inflicting abuse on minor" is UAC able to make contact despite this claim" If UAC requests to make contact with mother/father is care provider to allow contact, if allowed is all contact to be monitored or may the UAC make contact without monitoring?

Please advise, thank you so much in advance for your guidance!

From: Lloyd, Scott (ACF) <Scott.Lloyd@acf.hhs.gov>

Sent: Monday, October 9, 2017 10:02 AM

To: Brooks, Teresa (ACF); White, Jonathan (ACF); Jessica Martinez

Cc: Wagner, Steven (ACF); Wynne, Maggie (HHS/IOS); Bowman, Matthew (HHS/OGC); Haas, Alex (CIV)

Subject: RE: State Court hearing

Teresa,

Many thanks for your work on this, and thank you for the update. I was very much reassured to know that you would be present this morning.

Barring any additional need to wrap things up with IES, please return to the rest of your day off. Let us know if you need anything—I am sure things will continue throughout the week.

Sincerely,
Scott

From: Brooks, Teresa (ACF)
Sent: Monday, October 09, 2017 10:57 AM
To: Lloyd, Scott (ACF); White, Jonathan (ACF); Jessica Martinez
Cc: Wagner, Steven (ACF); Wynne, Maggie (HHS/IOS); Bowman, Matthew (HHS/OGC); Haas, Alex (CIV)
Subject: Re: State Court hearing

Please be advised that at approximately 8:35 am CT, the Cameron County Judge, attorneys from Garza and Garza, who are/were representing the UAC at the State level, the UAC, and Mr. Paxton Warner, AUSA from the DOJ met in the Judge's chambers in a closed proceeding. Mr. Lucio, attorney for the IES staff, was also in chambers, as an observer to the proceeding as he has clients who have been affected by the legal process of the matter. DHS ICE ERO Officer, (b)(6) was present at the Courthouse, outside of the courtroom and chambers. I was asked to wait immediately outside of the Judge's chambers.

During the discussion in chambers, Mr. Warner left chambers to inquire as to if the UAC had been "forced" to speak to her parents. I advised that the UAC had been afforded the right to speak to either or both of her parents since arriving into ORR custody, but to my awareness had not chosen to do so to date. It should be noted that the IES program did obtain a contact number for the UAC's father as the UAC had stated that she wished to speak to him at one time. Mr. Warner also asked if the IES program could provide the UAC could be provided with a new case manager as the UAC has stated that the current case manager was not effectively managing the UAC's case. (This is presumed to be referring to a possible family reunification case. At this time, it is my understanding that no viable sponsor has been identified for the UAC.) I informed Mr. Warner that IES would identify an appropriate case manager to assume oversight of the UAC's case. Finally, Mr. Warner stated that the attorneys for the UAC were concerned that an IES staff member was always within a visual "line of sight" of the UAC and the attorneys felt that this was not allowing the client sufficient privacy. I explained to Mr. Warner, that in accordance to TDFPS licensing standards, the attorneys are not considered trained child care providers, and in order to maintain standards of care, the staff needed to maintain sight of the UAC, but were not in able to hear/overhear any confidential attorney- client communication.

Mr. Warner took the information back to chambers. When Mr. Warner returned he advised that the UAC should be returned to her placement at the IES shelter program in Los Fresnos, TX. Mr. Warner stated that the case, in its entirety, had been moved to a Federal court venue. Mr. Warner advised that the attorneys from Garza and Garza would continue to represent the UAC in the case.

Mr. Lucio conferred with the IES staff, whom he was representing today. Mr. Warner thanked the IES staff for their efforts in caring for this UAC and all of the UAC that IES cares for.

All parties were advised that they/we were free to leave the courthouse. I thanked the DHS ICE ERO Officer for her support, and instructed IES to transport the UAC back to the program site. All parties exited the courthouse at approximately 9:45 am CT.

Please advise as to if there are any questions or if additional information is needed regarding this message.

Teresa

Teresa Brooks
Supervisory ORR Federal Field Specialist
HHS ACF ORR DUCO
202.631.3775
Teresa.Brooks@acf.hhs.gov

On: 08 October 2017 18:58, "Brooks, Teresa (ACF)" <Teresa.Brooks@ACF.hhs.gov> wrote:
Please see the attached with regard to the request to DHS ICE ERO for the presence of a DHS ICE ERO Officer at the 107th District Court in Cameron County Texas on Monday, October 9, 2017.

Please advise as to if there are any questions concerning the DHS ICE ERO request or response.

Please be advised that, to remain in compliance with Texas Department of Family Protective Services Residential Child Care Licensing Standards, appropriate IES staff will be transporting the UAC from the IES Shelter Program to the Courthouse building. Additional IES staff who are required to be present at the District Court will arrive to the Courthouse apart from the UAC. I will be meeting with all of the IES staff and with the DHS ICE ERO Officer, either immediately outside of the Court building, or in the lobby of the building. We will then proceed to the identified area of the Courthouse.

Please advise of any additional instruction as is felt appropriate.

Sincerely,

Teresa

Teresa Brooks
Federal Field Specialist Supervisor, South Texas
HHS ACF ORR DUCO
202.631.3775
Teresa.Brooks@acf.hhs.gov

From: Brooks, Teresa (ACF)
Sent: Sunday, October 08, 2017 5:20 PM
To: Lloyd, Scott (ACF); White, Jonathan (ACF); Jessica Martinez
Cc: Wagner, Steven (ACF); Wynne, Maggie (HHS/IOS); Bowman, Matthew (HHS/OGC); Haas, Alex (CIV)
Subject: Re: State Court hearing

I can be at the Courthouse at 8:30 am CT as requested.

I can attempt to reach Officer (b)(6) who is the covering Officer for the FOJC now to see if there is an ICE Officer who is able to be present at the Court tomorrow morning.

I will update all appropriate parties of outcome of the contact with ICE.

Teresa

Teresa Brooks
Supervisory ORR Federal Field Specialist
HHS ACF ORR DUCO
202.631.3775
Teresa.Brooks@acf.hhs.gov

On: 08 October 2017 16:46, "Lloyd, Scott (ACF)" <Scott.Lloyd@acf.hhs.gov> wrote:

Hello everyone,

Please see below. There should be no hearing tomorrow. However, there is need to have the UAC brought to the courthouse at the time appointed, to avoid contempt while we confirm that the state court knows the case has been removed. Teresa I'd like you there if at all possible, or field staff in the alternative. I will ask that DOJ contact us if they receive confirmation and this becomes unnecessary.

Teresa, are you in contact with anyone from DHS (ICE seems most appropriate) who could ride along? If you need help I can help get someone.

If she goes to the courthouse the point would be to inform them that the case has been removed. There should be no transfer of custody and federal law enforcement could help us reinforce that point.

Please let me know if you have any questions.

Thank you,
Scott

Begin Forwarded Message:

From: "Haas, Alex (CIV)" <Alex.Haas@usdoj.gov>

Subject: State Court hearing

Date: 08 October 2017 17:25

To: "Bowman, Matthew (HHS/OGC)" <Matthew.Bowman@hhs.gov>, "Lloyd, Scott (ACF)" <Scott.Lloyd@acf.hhs.gov>

Cc: "Ricketts, Jennifer D (CIV)" <Jennifer.D.Ricketts@usdoj.gov>, "Hu, Daniel (USATXS)" <Daniel.Hu@usdoj.gov>, "Warner, Paxton (USATXS)" <Paxton.Warner@usdoj.gov>, "Fabian, Sarah B (CIV)" <Sarah.B.Fabian@usdoj.gov>

Matt/Scott,

Our colleagues from the USAO just filed the removal papers in federal court and also filed a notice electronically in state court. While this should be enough to deprive the state court of jurisdiction, we are also sending a AUSA to hand a copy to the judge as well.

Because the state court order is directed to individuals working at IES who could still be held in contempt (potentially), our strong recommendation would be for the minor to be sent with the federal field specialist to the court proceeding. With that federal officer there and the AUSA we think there is a very small likelihood of any shenanigans. You could also potentially ask someone from ICE or CBP to attend to the transport.

Please let me know if you'd like to discuss

Alex

Sent from my Verizon, Samsung Galaxy smartphone

Sender:	(b)(6) @iestex.org>
Recipient:	"Lloyd, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f7f5ddb3dac432cbdd8acaf8038cfb5-Lloyd, Edwa>"; "White, Jonathan (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e9b5fe526f1d4ba0a6cc8ddee8ec4d87-Jonathan Wh>"; "Brooks, Teresa (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0a2883a19e184ffb906bb06591b568a-Brooks, Ter>"
Sent Date:	2017/10/13 19:48:50
Delivered Date:	2017/10/13 19:49:09

From:	Wagner, Steven (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3CEC05DA51AB4C7C978051F08D947637-WAGNER, JAM>
To:	"Lloyd, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f7f5ddb3dac432cbdd8acaf8038cfb5-Lloyd, Edwa>"
Subject:	Re: Response to AP
Date:	2017/10/13 22:13:06
Priority:	Normal
Type:	Note

(b)(5)

On: 13 October 2017 22:01, "Lloyd, Scott (ACF)" <Scott.Lloyd@acf.hhs.gov> wrote:
I don't know, but I think not.

On: 13 October 2017 21:47, "Wagner, Steven (ACF)" <Steven.Wagner@acf.hhs.gov> wrote:

Scott, are you (b)(5)

On: 13 October 2017 19:30, "Lloyd, Scott (ACF)" <Scott.Lloyd@acf.hhs.gov> wrote:
Deliberative

(b)(5)

From: Wagner, Steven (ACF)
Sent: Friday, October 13, 2017 7:24 PM
To: Marriott, Brian (ACF); Wolfe, Kenneth (ACF); Lloyd, Scott (ACF)
Subject: Response to AP

(b)(5)

(b)(5)

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Sender:	Wagner, Steven (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3CEC05DA51AB4C7C978051F08D947637-WAGNER, JAM>
Recipient:	"Lloyd, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f7f5ddb3dac432cbdd8acaf8038cfb5-Lloyd, Edwa>"
Sent Date:	2017/10/13 22:13:06

From:	Wagner, Steven (ACF) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3CEC05DA51AB4C7C978051F08D947637-WAGNER, JAM>
To:	"Wagner, Steven (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cec05da51ab4c7c978051f08d947637-Wagner, Jam>"; "Lloyd, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f7f5ddb3dac432cbdd8acaf8038cfb5-Lloyd, Edwa>"; "White, Laura (ACF) <Laura.White@acf.hhs.gov>"; "Tota, Kenneth (ACF) <kenneth.tota@acf.hhs.gov>"; "Barlow, Amanda (ACF) <Amanda.Barlow@ACF.HHS.GOV>"; "Moomaw, Sara (ACF) <Sara.Moomaw@ACF.hhs.gov>"; "O'Rourke, William (ACF) <william.orourke@acf.hhs.gov>"
CC:	"Jones, Robin (ACF) <robin.jones@acf.hhs.gov>"; "Logan, Scott (ACF) <scott.logan@acf.hhs.gov>"; "Goldhaber, Ben (ACF) <Ben.Goldhaber@acf.hhs.gov>"; "Goldstein, Naomi (ACF) <naomi.goldstein@acf.hhs.gov>"; "Fucello, Mark (ACF) <mark.fucello@acf.hhs.gov>"; "Deterding, Nicole (ACF) (CTR) <Nicole.Deterding@acf.hhs.gov>"; "Simmons, Joann (ACF) <joann.simmons@acf.hhs.gov>"
Subject:	FY2018 Spend Plans Meeeting ORR
Date:	2017/10/27 16:29:15
Start Date:	2017/11/17 15:00:00
End Date:	2017/11/17 16:00:00
Priority:	Normal
Type:	Appointment
Location:	IOAS Conference Room (4026A)
Attendees:	Wagner, Steven (ACF); Lloyd, Scott (ACF); White, Laura (ACF); Tota, Kenneth (ACF); Barlow, Amanda (ACF) (Amanda.Barlow@ACF.HHS.GOV); Moomaw, Sara (ACF); O'Rourke, William (ACF); Jones, Robin (ACF); Logan, Scott (ACF); Goldhaber, Ben (ACF); Goldstein, Naomi (ACF) (naomi.goldstein@acf.hhs.gov); Fucello, Mark (ACF); Deterding, Nicole (ACF) (CTR); Simmons, Joann (ACF)

Sender:	Wagner, Steven (ACF) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3CEC05DA51AB4C7C978051F08D947637-WAGNER, JAM>
Recipient:	"Wagner, Steven (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cec05da51ab4c7c978051f08d947637-Wagner, Jam>"; "Lloyd, Scott (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f7f5ddb3dac432cbdd8acaf8038cfb5-Lloyd, Edwa>"; "White, Laura (ACF) <Laura.White@acf.hhs.gov>"; "Tota, Kenneth (ACF) <kenneth.tota@acf.hhs.gov>"; "Barlow, Amanda (ACF) <Amanda.Barlow@ACF.HHS.GOV>"; "Moomaw, Sara (ACF) <Sara.Moomaw@ACF.hhs.gov>"; "O'Rourke, William (ACF) <william.orourke@acf.hhs.gov>"; "Jones, Robin (ACF) <robin.jones@acf.hhs.gov>"; "Logan, Scott (ACF) <scott.logan@acf.hhs.gov>"; "Goldhaber, Ben (ACF) <Ben.Goldhaber@acf.hhs.gov>"; "Goldstein, Naomi (ACF) <naomi.goldstein@acf.hhs.gov>"; "Fucello, Mark (ACF) <mark.fucello@acf.hhs.gov>"; "Deterding, Nicole (ACF) (CTR) <Nicole.Deterding@acf.hhs.gov>"; "Simmons, Joann (ACF) <joann.simmons@acf.hhs.gov>"
Sent Date:	2017/10/27 16:29:15
From:	Barlow, Amanda (ACF) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0889C0C2FFB042AFAEDCFB6C76E2A8FD-BARLOW, AMA>

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Subject:	For Action - FY2018 Spend Plans due to OLAB by COB 10/25
Date:	2017/10/12 11:46:50
Priority:	Normal
Type:	Note

The Acting Assistant Secretary has requested that each office prepare a spend plan for FY 2018. There will be a meeting scheduled with each office to present these plans. In these meetings, Office Directors should be prepared to identify top priorities for FY 2018, how they propose to align funding to meet objectives, and how they will measure success. The discussion will be organized by activity type following the attached template – grants, contracts, other – and will include how the office will use resources (including staffing) made available through the central Federal Administration account.

All plans are due to Bill O'Rourke (william.orourke@acf.hhs.gov) on my staff by close of business on Wednesday, October 25.

IOAS will be reaching out to set up meetings after that date. OLAB will also be offering meetings early next week to answer any questions you or your staff may have and this will be on the agenda for the next Senior Leadership meeting.

If you have any questions, please let Bill O'Rourke or me know.

Amanda

Amanda Barlow
 Director, Office of Legislative Affairs and Budget
 Administration for Children and Families
 U.S. Department of Health and Human Services
 (202)401-5009
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Sender:	Barlow, Amanda (ACF) </o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/CN=0889C0C2FFB042AFAEDCFB6C76E2A8FD-BARLOW, AMA>
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TO: THE SECRETARY AND SENIOR STAFF

DATE: TUESDAY, JUNE 12, 2018 7:30 AM EDT

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Leading the News

CMS Unveils New Guidance To Help States Fight Opioid Epidemic.

The Hill (6/11, Roubein, 2.71M) reports that on Monday, CMS unveiled "guidance aimed at helping states leverage Medicaid to combat the opioid epidemic." The article says "the guidance focused on information related to covering services for infants born exposed to opioids and how to enhance federal funding for telemedicine and programs that keep tabs on patients' prescriptions." HHS Secretary Alex Azar stated, "The number of American infants born dependent on opioids each day is heartbreaking. ... Today's announcement reflects the Trump Administration and HHS's commitment to helping states use Medicaid to support treatment for this condition and other challenges produced by our country's crisis of opioid addiction."

Fierce Healthcare (6/11, Stankiewicz, 146K) reports that the new guidance "includes summaries of different treatment modalities, including hospital and home-based services, as well as ways Medicaid can support parents with substance abuse disorder." The agency "said states can create bundled rates for such services, instead of the traditional fee-for-service model." Tim Hill, acting director of the Center for Medicaid and CHIP Services, is quoted as saying, "Through discussions with states, we have recognized their growing challenge in providing treatment services to the expanding number of infants with NAS [neonatal abstinence syndrome]. ... We have also recognized that states may not be fully aware of available options under Medicaid that can play a critical role in the care of these infants, as well as the limitations on Medicaid coverage."

Healthcare Finance News (6/11, Morse, 93K) reports that so far, "CMS has approved substance use disorder related section 1115 demonstration projects in Louisiana, West Virginia, Indiana, New Jersey, Kentucky, Utah, Illinois, and Vermont to improve access to treatment for Medicaid beneficiaries." The article adds that Hill also said, "By leveraging and improving the technological capabilities of state Medicaid programs, we are providing Medicaid agencies, providers, and patients with the tools they need to improve health outcomes associated with addiction."

Health Exec (6/11, Leider) also covers the story.

CMS Says States Can Use Federal Funding To Make IT Improvements To

Better Address Opioid Crisis.

Fierce Healthcare (6/11, Sweeney, 146K) reports, "Federal funding is available to state Medicaid programs to enhance the use of technology to help states manage the opioid crisis, according to new guidance from" CMS. According to the agency, a lot of "funding is already available through existing legislation." CMS is also urging "Medicaid program directors to use telehealth and telepsychiatry to coordinate care for patients with substance abuse disorder." Tim Hill, acting director of the Center for Medicaid and CHIP Services, told Medicaid directors that "CMS doesn't need to approve telehealth coverage changes for opioid treatment unless the state elects to cover telehealth encounters differently than in-person visits."

Trump's Decision Not To Defend The ACA Could Be A Boon To Dems During The Midterms.

On its website, CNN (6/8, Merica, 82.6M) reports that the Trump Administration's move to refuse "to defend key provisions of the Affordable Care Act could deal Democrats a sizable win going into the midterm elections, handing a party already prepared to run on health care a cudgel to use against vulnerable Republicans." Several polls show voters consider healthcare the top issue in the midterms, "and Democratic candidates have responded by making it the cornerstone of their attacks on Republicans." The article adds that last week, the Administration "clearly outlined" its stance "on key – and popular – provisions in the Affordable Care Act, telling a court that the law should be invalidated and that the individual mandate is unconstitutional." The Justice Department also argued "in favor of invalidating protections for" people with pre-existing conditions.

Fortune (6/11, Mukherjee, 3.91M) reports that the Administration's decision "could wind up being a political gift to Democrats in the 2018 mid-term elections, as it targets one of Obamacare's single most popular provisions." The article says the Administration is hoping the "courts will ultimately dismantle these Obamacare tenets," and its support of this suit against the ACA is an effort to hasten the process. However, "it could prove a political land mine (and boon to Democrats) going into the 2018 mid-term elections, if polling and recent campaigns are any indication."

Politico (6/11, Diamond, 3.51M) reports that over the weekend, Democrats "seized" on the Administration's "move to revive their charge that the GOP can't be trusted to protect Americans' health insurance." Meanwhile, "few congressional Republicans rushed to defend the administration's move, instead emphasizing their support for preserving pre-existing condition protections."

The Daily Intelligencer (NY) (6/11, Levitz, 551K) reports that the Administration move is against the GOP's "political interests." The article says "Democratic consultants are cheering" the Administration's decision. The piece adds that Democrats' "No. 1 strategic objective has been to force health care to the front of voters' minds – both to exploit the party's advantage on that issue, and to undermine public support for the Trump tax cuts by reminding voters that the GOP always intended to pay for its regressive giveaway with cuts to Medicaid and Obamacare."

Kaiser Health News (6/11, Bartolone) reports that on Friday, California

Attorney General Xavier Becerra vowed "to redouble his efforts as the Affordable Care Act's leading defender, saying attacks by the Trump Administration threaten health care for millions of Americans." He argued that the Administration's decision is, "simply put, an attack on the health care that millions of Americans have come to count on, and California, being the most successful state in implementing the Affordable Care Act, stands to lose perhaps more than anyone else."

Commentary.

Contributor Bruce Japsen writes in a [Forbes](#) (6/11, 10.34M) piece that physicians' groups "are once again rallying to the defense of the Affordable Care Act after the U.S. Justice Department filed a brief that doesn't defend the law's popular protections for patients with preexisting conditions." During "the American Medical Association annual meeting this week, doctors are discussing numerous ways to protect patients, updating its lobbying agenda to include ways to support the ACA." Japsen says groups such as the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Psychiatric Association also criticized the Administration, saying, "The elimination of these protections could result in millions of people facing limited access to health care coverage and higher cost as a result of insurers being allowed to return to discriminatory coverage and pricing practices."

Sarah Kliff writes in a [Vox](#) (6/11, 1.66M) piece that President Trump and the GOP are so intent on "killing Obamacare they've decided, just months before the midterm elections, to take aim at the most popular part of the law: coverage for preexisting conditions." Kliff says the suit "is, in some ways, a perplexing move mere months before midterm elections. Polling finds that both Democrats and Republicans think it's a good idea to ensure that sick people have access to health insurance."

Yuval Rosenberg writes in the [Fiscal Times](#) (6/11, 7K) that the Trump Administration's decision to not defend the ACA is "political dynamite" because polls show the protections for pre-existing conditions are popular and may affect as many as 52 million non-elderly Americans. Rosenberg adds, "Democrats, who have already been hammering a health care message, are pouncing at the new opportunity."

The Secretary in the News

Azar To Testify About Drug Prices Before Senate Panel Today.

In a news roundup, [Politico](#) (6/11, Pittman, 3.51M) reports HHS Secretary Alex Azar on Tuesday "will defend the Trump administration's plan to lower the cost of medicines" before the Senate Health, Education, Labor, and Pensions Committee. Politico reports lawmakers are expected to "to try to pin down Azar on aspects that were lacking when the administration rolled out its blueprint last month," noting that "Inside Health Policy reported last week the administration would soon announce that drug companies will lower their asking price on insulin."

The [C-SPAN Video Library](#) (6/12, 28K) posts a feed for Secretary Azar's scheduled testimony before the HELP Committee.

Trump Administration Meeting With Pharmaceutical Companies To Seek Voluntary Price Cuts.

[The Hill](#) (6/11, Sullivan, 2.71M) reports officials from the Department of Health and Human Services have been meeting with pharmaceutical companies to "seek voluntary cuts in drug prices." The Hill adds, "Voluntary cuts in prices would allow the administration to immediately tout benefits of President Trump's drug pricing plan, which was announced last month, rather than having to wait for any regulatory actions to be put forward and take effect." An HHS spokesperson said Monday when asked for comment, "We are working with stakeholders across the spectrum including drug companies, [pharmacy benefit managers], distributors, patients, health care professionals, physicians, insurers, etc., to respond to President Trump's call to action and help patients pay less for their prescription drugs." HHS Secretary Alex Azar hinted at such talks last month, saying, "We look forward to working with industry to build a better drug-pricing system."

Opinion: Trump Can Use Patent Law To Slash Prices For Naloxone.

In an op-ed for the [Washington Post](#) (6/11, 15.68M), Public Citizen president Robert Weissman and Baltimore City Health Commissioner Leana Wen write that since President Trump declared the opioid crisis a public health emergency, "he and his administration have yet to take the steps that would help those fighting the epidemic on the front lines." Weissman and Wen call on the President to "use existing legal authority to slash prices for the lifesaving drug naloxone...and for its easy-to-use, patented delivery devices." They note that during the post-Sept. 11 anthrax scare, "amid public debate about employing government-use authority, then-Secretary of Health and Human Services Tommy Thompson demanded that the ciprofloxacin patent holder, Bayer, match the price of generic makers." They argue that the Administration "can choose to lower prices and save lives" or "perpetuate the rationing of lifesaving treatments."

Donna Shalala Expresses Support For Single-Payer System Similar To The One Advocated By Bernie Sanders.

Colby Itkowitz writes in the [Washington Post](#) (6/11, 15.68M) "Power Post" blog that during her tenure as HHS Secretary under President Clinton, "Donna Shalala fended off accusations that she was too liberal for the job. Now, as a candidate for Congress in a competitive Democratic primary, the former secretary must dust off her old progressive bona fides." In the past, Shalala insisted that a single-payer system was not feasible. Now, however, "Shalala says she supports universal health care under a Bernie Sanders-style system that isn't too

different than 'Medicare for All.'"

HHS in the News

White House Wants HHS To Delay Issuing Final Rule On Religious, Moral Beliefs.

Modern Healthcare (6/11, Dickson, Subscription Publication, 239K) reports that the White House wants HHS to delay issuing a final "rule that will require hospitals and physician practices to create standards and procedures to protect their employees' religious and moral beliefs until it can elaborate how the policy will affect the industry." The department "received more than 72,000 comments on the rulemaking before the March deadline," and it "is still drafting a final version of the rule, but proactively asked the Office of Management and Budget to allow it to confirm that providers were both complying with the rule and notifying staff and patients of their rights." The article says OMB denied HHS requests because the department "did not provide industry comments on how these changes would affect their business," and it failed to "provide OMB with adequate estimates of the time it would take providers to implement the rule."

Columnists Say Healthcare Will Be The Focus Of The Midterms Given Administration's Decision Not To Defend The ACA.

Former Acting CMS Administrator Andy Slavitt and Nicholas Bagley, a law professor at the University of Michigan and a former Justice Department attorney, write in a [USA Today](#) (6/11, 11.4M) column that President Trump and the GOP "just put America's health care squarely on the November ballot." Following their failure to repeal the ACA, "the Trump administration, in cahoots with 20 conservative states, has asked the courts to strike down several pillars of the ACA – including its protections for Americans with pre-existing health conditions." Slavitt and Bagley add, "Nothing has defined the domestic agenda over the 18 months like health care. It's only fitting that it will define the election too."

Healthcare Groups Want CMS To Improve Reimbursement For Remote Patient Monitoring.

[mHealth Intelligence](#) (6/11, Wicklund) reports that on Monday, nearly 50 healthcare organizations and vendors which "are lobbying the Centers for Medicare & Medicaid Services to improve reimbursement opportunities for remote patient monitoring" wrote to CMS Administrator Seema Verma. The groups want "CMS to modify and add

Current Procedural Terminology (CPT) codes that would enable Medicare reimbursement of mobile health programs that collect patient-generated health data in the home."

Trump Administration Immigration Policy Examined.

Vox (6/11, Lind, 1.66M) features an article which explains the Trump Administration's immigration policy. Vox examines how the government is separating families at the border, how many families are being separated, the policy behind the separations, and what happens to the children. The piece says that under federal law, "unaccompanied alien children are sent into the custody of the Office of Refugee Resettlement, which is part of the Department of Health and Human Services. The ORR is responsible for identifying and screening the nearest relative or family friend living in the US to whom the child can be released."

Opinion: Trump Administration's "Zero Tolerance" Policy Is "Cruel And Un-American."

Arizona Republic (6/11, 1.21M) columnist EJ Montini writes that the Trump Administration's "zero tolerance" immigration policy "is cruel and un-American," and discusses the many children being separated from their parents at the border. Montini says, "After the cruelty of the current policy got some public attention, Homeland Security is said to have established a hotline through which confused, despairing arrested parents might be able to locate their children. Perhaps the department could set up another hotline to help the administration locate its

humanity."

Opinion: Trump's Immigration Policy Is "Completely Impractical."

Dyana Mason, Assistant Professor of Planning, Public Policy and Management at the University of Oregon, writes in the [Conversation \(US\)](#) (6/11, 98K) that many of the immigrant children being "deliberately" separated from their parents at the border "are under the age of 4 and are infants." Mason adds, "When I researched this largely hidden aspect of immigration policy, I found little evidence that this patchwork system can absorb what promises to be an influx of thousands more children. And I have no doubt that forcibly separating kids from their families is completely impractical and bound to make a bad situation worse."

Column: Redirecting Family Planning Funds Could Undercut STD Fight.

Michelle Andrews writes for the [Washington Post](#) (6/12, 15.68M) that a Trump Administration effort to shift family planning funding "could cripple other federal efforts to curb an explosion in sexually transmitted diseases (STDs), some public health officials fear." The Department of Health and Human Services has proposed changes to Title X rules that, "if adopted in their current form, would require that Title X services be physically and financially separate from abortion services" and could push some medical practice to "choose not to prescribe birth control pills or other Food and Drug Administration-approved methods of

contraception."

Whistleblower Lawsuit Against Signature Healthcare Reveals \$244 Million Fraud.

The [Tennessean](#) (6/11, Kelman, 513K) reports on a whistleblower lawsuit filed against Signature Healthcare in which the provider was accused "of artificially inflating therapy time to maximize profits." The lawsuit "prompted Signature to sign a \$30 million settlement to resolve the claims," but federal prosecutors in that settlement "say the total fraud was much larger – about \$244 million." The piece quotes HHS Office of Inspector General special agent Derrick L. Jackson as saying, "Signature was charged with illegally boosting profits by providing excessive amounts of therapy to patients whether they needed it or not. ... The decision to provide therapy should never be based on corporate financial considerations rather than a patient's medical needs."

HHS Seeking Public Comment About How To Set Up A Workgroup To Encourage Innovation, Investment In Healthcare.

In continuing coverage, [ExecutiveGov](#) (6/11, Crews) reports that HHS is seeking "comments on how to structure a workgroup to facilitate high-level discussions between HHS leaders and outside parties that support

innovation or invest in the healthcare sector." A notice posted in the Federal Register last week said HHS intends "to create a workgroup to explore technological approaches to address healthcare challenges and drive communication activities meant to encourage industry competition."

Many American Toddlers Exceed Recommended Added Sugar Intake For Adults, Study Suggests.

USA Today (6/11, Carrig, 11.4M) reports a study by researchers at the Centers for Disease Control and Prevention suggests toddlers are consuming too much added sugar, with many actually exceeding adult recommendations. Investigators said that consuming foods with added sugar at such an early age can affect food preferences later in life. Lead study author Kirsten Herrick, a nutritional epidemiologist at the CDC, said, "Once kids start eating table food, they're often eating the same types of foods that Mom and Dad have in their diet, and other research has demonstrated that adults exceed recommendations for added sugar too."

Newsweek (6/11, 2.18M) reports the study suggests "99% of children aged between 19 to 23 months eat over seven teaspoons of added sugar each day on average." Also, results indicate that non-Hispanic black children aged between 12 to 23 months ate the most sugar, "while white children ate the least." Researchers analyzed "data from more than 800 infants and toddlers, aged between six and 23 months old, who took part in the National Health and Nutrition Examination Survey between 2011 and 2014." The findings were presented "at

Nutrition 2018, the annual meeting of the American Society for Nutrition held in Boston."

CDC Data Reveal Severity Of Latest Flu Season.

The [Pittsburgh Post-Gazette](#) (6/11, Daly, 507K) reports new data from the CDC show that this past flu season killed 172 children – "one more than the high set in 2012-13." According to the CDC, "about 80 percent of this season's pediatric deaths were in children who had not received a flu shot," the piece says, adding that local health officials experienced high rates of flu cases, hospitalizations, and deaths.

The [Scientist](#) (6/11, Charuchandra, 153K) reports Daniel Jernigan, head of the CDC's flu division, said the flu season was "bad across the population" and that it "was happening to everyone, and it seemed to be happening everywhere."

Ebola Vaccines Could Signal Hope In Congo As Outbreak Continues.

The [AP](#) (6/11, Mednick, Neergaard) reports health workers tackling the

Ebola crisis in the Democratic Republic of Congo are offering a vaccine to impacted and at-risk populations, drawing international attention as onlookers wait "to see if a promising but still experimental vaccine might help stop this terrifying disease faster than traditional measures doctors have tried since Ebola was identified 40 years ago." However, even if it is effective, "there are serious hurdles" including logistical issues and gaining community trust. The article quotes CDC Ebola expert Dr. Pierre Rollin as saying, "People die every day and everywhere but nobody's interested. Suddenly because of Ebola people are interested and that makes you suspicious. ... Why would they trust us?"

STAT (6/11, Branswell, 27K) reports some experts "have watched with frustration the snail's pace progress of the efforts to study Ebola drugs during outbreaks," and many "are beginning to wonder if, with the advent of Ebola vaccines, the window for doing this kind of research may be closing for good." The piece says that within the scientific community, "There remain deeply divergent positions...about how to design outbreak trials," noting that "generating the human efficacy data that regulatory agencies like the Food and Drug Administration look for has been almost impossible."

Op-Ed: Trump's Reversal On Ebola Funding Cut Is Welcome News For Disease Prevention, Treatment Efforts.

K. Riva Levinson, president and CEO of KRL International LLC, writes in The Hill (6/11, 2.71M) that President Trump has deviated from his 2014 Twitter statements that America "cannot allow EBOLA infected people back" by electing to reinstate the \$252 million he had previously rescinded from the International Disaster Assistance account. She says this will help the international community address issues that actors learned from the 2014 Ebola outbreak, during which the National

Institute of Health assisted in leading response efforts.

Laser Eye Surgery May Be Riskier Than Many People Think, Research Suggests.

The New York Times (6/11, Rabin, Subscription Publication, 19.33M) reports "roughly 9.5 million Americans have had laser eye surgery, lured by the promise of a quick fix ridding them of nettlesome glasses and contact lenses," but "serious questions remain about both the short- and long-term risks and the complications of this increasingly common procedure." The article highlights a trial conducted by the Food and Drug Administration, the National Eye Institute, and the Navy Refractive Surgery Center finding that "people who did not have dry eyes or visual aberrations before Lasik were at high risk for developing these problems." Research suggests "28 percent of these participants developed dry eyes after surgery, and 45 percent reported a new visual aberration three months after surgery." Dr. Malvina Eydelman, the study's lead author and the director of the FDA's Center for Devices and Radiological Health's division of ophthalmic and ear, nose and throat devices, "said the researchers had concluded that the multimillion dollar trial was too small to produce meaningful results, and that the purpose of the study had shifted from determining how many patients have problems functioning to developing a questionnaire that might be used in future research."

Anheuser-Busch Cancels Funding For NIH Alcohol Study.

The Scientist (6/11, Williams, 153K) reports Anheuser-Busch InBev announced on Friday that it no longer plans to assist in funding the National Institutes of Health's "study on the effects of moderate alcohol consumption," withdrawing its \$15 million funding commitment. The piece says scientists with the National Institute of Alcohol Abuse, which is leading the \$100 million study, "met with industry leaders and 'gave talks strongly suggesting that the study's results would endorse moderate drinking as healthy,'" according to the New York Times. The piece adds that NIH Director Francis Collins "announced that the agency was reviewing the process around funding for the trial and would determine whether it should proceed, and that enrollment had been suspended for the time being."

House To Vote On 34 Opioid Bills This Week.

Congressional Quarterly (6/11, Raman, Subscription Publication) reports that on Tuesday the House "will begin a voting marathon on 34 bills designed to address the opioid epidemic," and while most are unlikely contentious, "two bills have previously stirred controversy." One bill set for a Friday vote "would create a new class on the controlled substances schedule for compounds related to fentanyl" and ease related prosecutions, but critics warn it could justify "broad bans on drugs and hinder drug research." National Institute on Drug Abuse Director Nora Volkow testified in April, "We need to have countermeasures, and the only way that we're going to have countermeasures is [by] doing research." CQ reports that the House will vote Thursday on a bill to help

prevent the importation of synthetic opioids, but a rival bill in the Senate "would impose stricter requirements on" the US Postal Service and Customs and Border Protection "than the original House bill."

The Washington Times (6/11, Howell, 460K) reports that notable bills include Jessie's Law, which "orders the Health and Human Services Department to come up with best practices for hospitals and physicians to share the information" on consenting patient's record of drug addiction before prescribing treatment.

Boston Globe Highlights Work Of Alzheimer's Disease Researcher Focused On Preclinical Phase.

In an over 2,800 word article, the Boston Globe (6/11, Kendall, 945K) highlights the work of Reisa Sperling, "one of the world's foremost researchers of Alzheimer's disease," who leads Brigham and Women's Hospital's Center for Alzheimer's Research and Treatment. Sperling's work focuses on the preclinical phase of Alzheimer's disease with the aim of better understanding the early stages of the disease "before significant memory problems set in." The article mentions that the National Institute on Aging has awarded a five-year \$70 million grant to Sperling and her colleagues to "build a research infrastructure called the Alzheimer's Clinical Trials Consortium, a network of 35 testing sites at academic medical centers across the country." Laurie Ryan, the leader of dementia research at the National Institute on Aging's Division of Neuroscience, said, "This should be a game changer."

Northwestern University Researcher Interviewed About Participating In NIH All Of Us Research Program.

The [Chicago Tribune](#) (6/11, Schencker, 2.37M) reports on an interview with Northwestern University research assistant professor Joyce Ho, who discussed the university's role in the All of Us Research Program, noting that the Illinois Precision Medicine Consortium – of which the university is a member – "has received \$51 million from the National Institutes of Health to gather data and samples from 93,000 volunteers over the next five years." Ho examined precision medicine's comprehensive approach to analyzing health, how the program will work, and its potential implications for the future of medical treatment.

Editorial: NCI Cancer Immunotherapy Study Has Applications For New Pittsburgh Therapy Center.

In an editorial, the [Pittsburgh Post-Gazette](#) (6/12, 507K) applauds the findings of a recent study led by National Cancer Institute researcher Steven A. Rosenberg which showed "success in using a type of immunotherapy to treat metastatic breast cancer in a Florida woman." The Post-Gazette heralds the findings as the kind "of lifesaving [breakthrough] that could be possible at a new immunotherapy center planned for Pittsburgh" called the UPMC Immune Transplant and Therapy Center. The editorial says NCI researchers identified some of